



**MINDS NEWSLETTER**

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from over 20  
specialities!!

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every Issue

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*Wellbeing begins in our MINDS*

**Monthly Newsletter on Psychiatry for Doctors & Medical Students**

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**From The Desk of the Editor:**

**VIOLENCE: IS IT JUSTIFIED?**

Recently we have witnessed various incidences of violence against medical professionals all over country. Such news reached a hype in media followed by discussion if the violence was justified and who went wrong whether the doctor or common people. All said and done, we need to understand that this kind of incidences have multiple background factors rather than the triggering incidence itself.

This is the time for introspection as a young medical professional, if we need to improve certain domains of: clinical acumen, skills to handle difficult cases, skills to break bad news, confidence, communication skills, empathy, morality, and ethics on our parts? Or is it that we are being taken for granted for our Nobel profession to provide service and not to expect even respect?

Also, this is the time to certainly take action as to be assertive and stand united against the anti-social ailments who try to disturb the image of the doctors in society. We need to make a voice- 'Violence is NOT justified!'

**Dr Shubhangi S. Dere**

**Guest Column: Down The Memory Lane.....**

**Power of ECT**

Lakshmi came to me in a depressive phase of Manic Depressive Disorder. Her mother died of suicide. Mother's brother had to take Lakshmi as his daughter-in-law.

She requested me to give ECT so that she will do house chores soon. Otherwise her aunt cum mother-in-law will throw her out of the family. Still I made her suffer all sorts of side effects with Amitryptiline 300 mg/day for few weeks before giving ECT. She responded well to ECT. She went on with ECT every other year to lift her from depression. Once she sold her anklets and came alone for ECT. She was also on Lithium Carbonate.

Years passed. She got Diabetes Mellitus and Hypertension. Her ECG showed ischemic changes. I told her that ECT is risky. She can try newer antidepressants. She asked me how long it will take to do her routine work fast. I hesitantly said may be 2-3 weeks. She asked me sarcastically what will be the risk of ECT. I said at the worst death.

Her husband got convinced and took the prescription of anti-depressant for 2 weeks and left. Before leaving my chamber she asked me, "Doctor, do you think I can endure depression for 2 weeks?" She did not wait for my reply.

Two days later, she hung herself. Her son who was watching her for such an event, saved her and took her to hospital immediately. But his efforts were in vain. I went to e-group for consolation.

**Dr. Saranya Devnathan, Bangalore. dr.saranya@gmail.com**

**‘DESIGNER’ DISASTER**

The epidemic of substance abuse in young generation has assumed alarming dimensions in India in recent decades. Data on emerging trends on substance use highlights shift towards increasing use of ‘designer’ or ‘synthetic’ drugs such as cocaine, heroin, methamphetamine, mandrax and synthetic cannabinoids like bath salts than natural psychotropic substances such as cannabis and hashish. Latest data on drugs seizure by Narcotics Control Bureau (NCB) shows that smuggling and consumption of synthetic drugs, which are far more addictive and injurious to health than natural ones, has been constantly rising.

Changing cultural values, increasing economic stress, industrialization, influence of media, strong marketing by substance producing industries and loosening of the traditional support system are leading to initiation & progression of substance use. Drug use, misuse or abuse is also primarily due to the nature of the drug abused (designer drugs being chemically more potent).

Two classes of commonly used designer drugs include:

1. Stimulants: mephedrone, MPDV, piperazines, “bath salts”
2. Psychedelics: 2C-B, mescaline, DMT, etc.

Factors Associated with synthetic drugs popularity includes

- They induce psychoactive effects
- They are perceived as safe drugs than older drugs
- They are not easily detectable in urine and blood samples

The difficulty with determining synthetic drug abuse is that drug tests, like laws, are largely trailing behind. Symptoms of synthetic drug use can last for hours or even days and includes severe ones like seizures, hallucinations, suicidal tendencies and attempts, homicidal tendencies, delusions, aggression, paranoia, chest pain, heart attack and sometimes death and less severe symptoms including agitation, anxiety, restlessness & euphoria.

Apart from physical & psychological effects, synthetic drug abuse has led to a detrimental impact on the society. Intravenous drug use leading to HIV/AIDS has added a new dimension to the problem, especially in the Northeast states of the country. Drugs remove inhibition and impair judgment egging one on to commit offences. Also it affects the financial stability, causes untold emotional pain for every member of the family. With most drug users being in the young age group, the loss in terms of human potential is incalculable. The damage to the physical, psychological, moral and intellectual growth of the youth is very high and carry heavy toll on society & law system in general.

Now is the high time for young generation to understand the disaster these drugs cause in total rather than using them to escape hard realities of life. The management aims at each level including family, society, health care providers to help these patients in their rehabilitation.

**Dr Rakesh Ghildiyal.**

**Professor & Head, Department of Psychiatry. MGM Medical College & Hospital, Navi Mumbai.**

#### PREVENTION- BETTER THAN CURE!

Prevention is established mode of leading disease free life. Many mental disorders are associated with disability. Hence its prevention certainly can help in reducing disease burden & in turn improving quality of life of patients and society in general. However the prevention strategies are neglected and not practiced to the extent it should be. Here is an attempt to increase awareness about the same.

**Levels of prevention** of mental illnesses are: **1) Primary:** To reduce incidence of new cases. **2) Secondary:** Screening, early diagnosis & prompt treatment & **3) Tertiary:** Reducing recurrence of disease & disability.

The prevention has three distinct **strategies: Universal** (for all), **Selective** (for high risk group) & **Indicated** (for high risk & symptomatic, however not meeting diagnostic criteria).

Improving nutrition, housing, access to education, economic security, good social support & legislations are universal strategies.

Promoting healthy starts of life by interventions during pregnancy (including healthy mother initiative, prevention of substances during pregnancy) & early childhood (school placements, parenting skill training) are types of selective strategies. Reducing child abuse & neglect, teaching children self defense, preventing bullying, and discrimination at school are also part of selective interventions. Provision of special schooling, children support groups and remedial education can help reducing psychiatric morbidity in special need children.

Indicated strategies aims at improving mental health care facilities at grass root level with easy access for diagnosis & management at early stages before the disability sets in, it also includes increasing awareness in primary health care providers towards mental illness, reducing stigma & prompt referral of early symptomatic cases for expert opinion. This can prevent the duration of untreated episode and symptoms can be managed at mild level thus helping in preventing disability in future.

Apart from above strategies, one should emphasize on improving coping strategies, time management, stress management, positive support group, healthy lifestyle including exercise to deal better with stress and not to succumb to illnesses.

**Dr Dipak C. Patil, Assistant Professor, Department of Community Medicine. K. J. Somaiya Medical College, Hospital & Research Centre, Mumbai**

#### REFRAME - Myths & Facts about

#### “Alcohol Use Disorders”

- × Addiction to alcohol is often psychological.
- ✓ Addiction to alcohol is primarily bio-psycho-social. There is a strong evidence of role of neurotransmitters and enzymes in formation of addiction.
  
- × All sorts of social problems—marriage problems, a death in the family, job stress—may cause alcoholism.
- ✓ As with psychological and emotional problems, alcoholics experience all the social pressures everyone else does, but their ability to cope is undermined by the disease and the problems get worse.
  
- × When the alcoholic is drinking, he reveals his true personality.
- ✓ Alcohol's effect on the brain causes behavioral and emotional disinhibition. Sobriety reveals the alcoholic's true personality.
  
- × The fact that alcoholics often continue to be depressed, anxious, irritable, and unhappy after they stop drinking is evidence that their disease is caused by psychological problems.
- ✓ These symptoms can be “the protracted withdrawal syndrome.” Along with the physical damage caused by years of excessive drinking has not been completely reversed; they are, in fact, still sick and in need of more effective therapy.
  
- × If people would only drink responsibly, they would not become alcoholics.
- ✓ Many responsible drinkers become alcoholics. Then, because it is the nature of the disease (not the person), they begin to drink irresponsibly.

UG n PG

**AN EXCLUSIVE SECTION FOR  
UNDERGRADUATES AND  
POSTGRADUATES**

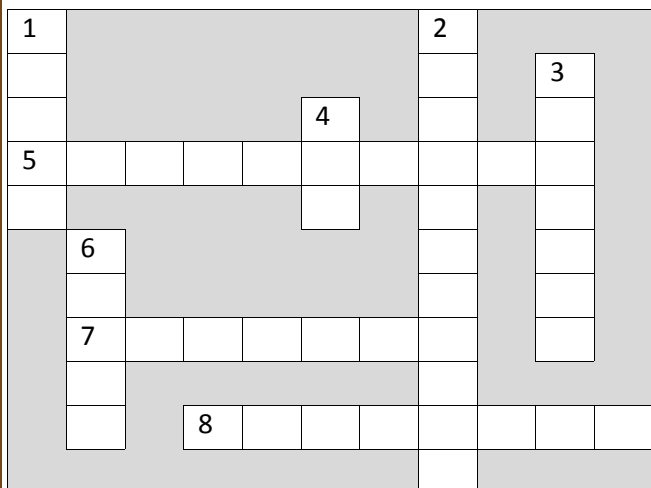
UG n PG

**MINDS QUIZ**

1. Drug used for treatment of nocturnal enuresis is?
  - a. Trazodone
  - b. Imipramine
  - c. Clomopramine
  - d. Sertraline
2. Which is not a cognitive dysfunction?
  - a. Overgeneralization
  - b. Thought block
  - c. Catastrophic thinking
  - d. Arbitrary inference
3. Rivastigmine and Donepezil are drugs used predominantly in the management of:
  - a. Depression
  - b. Dissociation
  - c. Delusions
  - d. Dementia
4. Bright light treatment has been found to be most effective in treatment of:
  - a. Anorexia nervosa
  - b. Seasonal affective disorder
  - c. Schizophrenia
  - d. OCD
5. 5-HIAA is a metabolite of:
  - a. Serotonin
  - b. Dopamine
  - c. Epinephrine
  - d. Histamine

**MCQs & Reframe by Dr Anisha Landge, Resident in Psychiatry, MGM Medical College & Hospital, Navi Mumbai**

**Can you cross the crosswords!!!**



**Across**

5. first antidepressant to be shown effective for panic disorder (10)
7. the first cholinesterase inhibitor (7)
8. non benzodiazepine hypnotic (8)

**Down**

1. questionnaire for screening of alcohol misuse (5)
2. a sleep disorder with episodes of somnolence and increased appetite (11)
3. hypothalamic neuropeptide transmitters which regulate the sleep-wake cycle (7)
4. trinucleotide repeat of the codon....in Huntington's disease (3)
6. a cultural syndrome usually begins after a frightening experience characterised by echolalia, echopraxia and other compliant behavior (5)

**Crosswords compiled by Dr. Smitha Tarachandra, Resident, Department of Psychiatry, K. S. Hegde Medical College, Manglore.**

Quick Response Code for the Website



1. LAUDIT
2. Kleinelevin
3. Orexins
4. CAG
6. Latah

**DOWN**

5. Imipramine
7. Tacrine
8. Zolpidem

**ACROSS**

**CROSS WORDS**

1. b
2. b
3. d
4. b
5. a

**MINDS QUIZ**

**ANSWERS:**

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